

2-3-04 NEW

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

T.C. 2-18-04

deadline 2/5

## HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: "Examination Under Oath Inc." aka EUO Inc.

BUSINESS STREET ADDRESS: 2350 S.W. 106 Way Davie ZIP 33324

BUSINESS MAILING ADDRESS: 2350 S.W. 106 Way Davie ZIP 33324

BUSINESS PHONE: NOT YET ASSIGNED HOWEVER TEMP 954 478-3735

DESCRIBE TYPE OF BUSINESS: Perform sworn statements + deposition services at court reporters claim offices

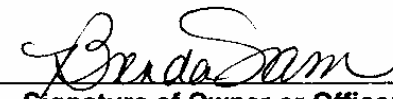
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Brenda Fam	2350 S.W. 106 Way Davie FL	33324	954/452-0326
2.			

Federal ID Number or Social Security Number 15-00-10-10

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2005 and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Print Owner or Officers Name and Title	Signature of Owner or Officer
Brenda Fam, President	

Office Use Only: Date <u>2-3-04</u> Category <u>15100</u> Fee <u>57.88</u> Rec# <u>    </u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>	
License # <u>0419480</u>	Control # <u>15860</u>
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning <u>R-1</u> <u>MARK 12 EST.</u>
Town Council Date <u>    </u> Approved <u>    </u> Denied <u>    </u>	Date <u>2/6/04</u>
Tabled To <u>    </u> Approved <u>    </u> Denied <u>    </u>	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL <u>    </u>	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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